



SMA Canadian Farm Supply ULC Customer Information & Application

Send Completed Form To: R.R #3, 23703 Wellburn Rd, St, Marys, ON N4X 1C6

Fax: 519-461-1599 or Email: accounts@smalink.com

*** Asterisk indicates required field.**

Incomplete or unsigned applications **cannot** be processed.

Date: _____

If applicable account number of customer purchased: _____

Section 1 - Customer Information

*Company Name: _____

*Billing Add 1: _____

Billing Add 2: _____

*City: _____

*Province: _____ *Zip: _____

*Phone: _____

Fax: _____

Company Email: _____

Company Website: _____

*SIN #: _____

*Year Started: _____

*Nature of Business: _____

*Ship-to Name: _____

*Shipping Add 1: _____

Shipping Add 2: _____

*City: _____

*Province: _____ *Zip: _____

*County: _____

*Phone: _____

Fax: _____

*GST/HST #: _____

(See back page to add additional locations)

Check All that Apply to Your Business:

☐ John Deere Dealer ☐ CNH Dealer ☐ Kubota

☐ Other OEM Dealer ☐ Auto Parts Store ☐ Co-Op

☐ Fertilizer Supply ☐ Tractor Repair Shop

☐ Farm & Fleet Store ☐ Manufacturer

☐ Other: _____

Section 2 - Invoice/Statement

*Do you require Purchase Order Numbers? ☐ Yes ☐ No

*Estimated Annual SMA Canadian Farm Supply ULC Purchases
\$ _____

*Which method do you prefer to receive invoices? ☐ Email To: _____

☐ Fax To: _____

Section 3 - Manager & Accounts Payable Contact Information (Required)

*Manager Name: _____ *A/P Contact Name: _____

*Manager Phone: _____ *A/P Phone: _____

*Manager Email: _____ *A/P Email: _____

*Sales Email: _____ *Sales Contact Name: _____

– NOTE: SMA Canadian Farm Supply ULC Does Not Process COD Shipments –



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Account Payment Options

☐ Open Account (Standard Terms)

☐ Credit Card
(No credit references required)

If ineligible for an open account, would you like to be set up on credit card payments?

Yes ☐

No ☐

While waiting on references, would you like to be set up on credit card payments?

Yes ☐

No ☐

Please Note: Reference checks can take up to 30 days. Providing accurate contact information will help expediate the process.

1.

Vendor Credit References (3 Required) for Open Account - Standard Terms

Name	City	Province
Email	Phone	Fax

2.

Name	City	Province
Email	Phone	Fax

3.

Name	City	Province
Email	Phone	Fax

4.

Name	City	Province
Email	Phone	Fax

5.

Name	City	Province
Email	Phone	Fax

Primary Business Contact Information (Required)

Name: _____

Email: _____

Phone: _____



Signatures and Acknowledgements

GENERAL ACKNOWLEDGEMENTS:

I understand that my/our account with SMA Canadian Farm Supply ULC is payable by due date on the invoice and any account with a balance past due 45 days will be placed on credit hold without notice. A standard service charge of up to 1.5% per month will be levied on overdue balances. Such charges will continue each month thereafter until the account is paid. Any legal and/or collection fees required to secure payment on this account will become my/our responsibility. The completion of this form does not necessarily guarantee open account privileges. Signature below is written consent to complete a credit check. Payment of any part of your account by check may be converted to an ACH transaction. If requesting a credit card account, please charge my credit card for all shipments.

GUARANTY AGREEMENT

FOR VALUE RECEIVED and in considerations of present and future credit sales of goods and merchandise made on an unsecured account by SMA CANADIAN FARM SUPPLY ULC, sellers, to _____
a corporation, buyer, the undersigned, stockholders of the buyer, do(es) hereby guarantee to SMA Canadian Farm Supply ULC and its successors and assigns the full and prompt payment, when due and at all times thereafter, of any and all indebtedness arising from the sales of goods and merchandise to the buyer on account and waives advance notice of charges made to said account and agrees to be responsible for the same when due. The undersigned acknowledge that they will be personally liable for indebtedness of the buyer to SMA Canadian Farm Supply ULC.

This guaranty shall be continuing and unconditional and will remain in full force and effect until written notice of its discontinuance shall be actually received by SMA Canadian Farm Supply ULC and until any indebtedness and liabilities existing at the time of receipt of such notice shall be fully paid.

This guaranty shall be binding upon the undersigned and their heirs, legal representatives, and assigns.

DATED this _____ day of _____

Signature Owner or Officer

Date

Print Owner or Officer Name

Title

NOTE: All owners must provide a separate Guaranty Agreement form.

Additional Location Information

Use this section to add additional ship-to locations for your account.

Ship-to Name: _____

Shipping Add 1: _____

Shipping Add 2: _____ County: _____

City: _____ Province: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

GST/HST #: _____

Mailing Add 1: _____

Mailing Add 2: _____ County: _____

City: _____ Province: _____ Zip: _____

Accounts Payable Contact Information: *(if different than page 1)*

AP Contact: _____ AP Email: _____

AP Phone: _____ AP Fax: _____

Additional Information:

*Do you require a separate monthly statement and individual billing ID for this location? Yes: _____ No: _____

If yes, is the mailing address same as above? Yes: _____ No: _____

If no, please provide Mailing address below.

Mailing Address: _____

City: _____ Province: _____ Zip: _____



Existing Account Additional Location Information

Use this section to add additional locations to your existing account.

Account No: _____

Ship-to Name: _____

Shipping Add 1: _____

Shipping Add 2: _____ County: _____

City: _____ Province: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

GST/HST #: _____

Mailing Add 1: _____

Mailing Add 2: _____ County: _____

City: _____ Province: _____ Zip: _____

Accounts Payable Contact Information: (if different than Section 3)

AP Contact: _____ AP Email: _____

AP Phone: _____ AP Fax: _____

Additional Information:

*Do you require a separate monthly statement and individual billing ID for this location? Yes: _____ No: _____

If yes, is the mailing address same as above? Yes: _____ No: _____

If no, please provide Mailing address below.

Mailing Address: _____

City: _____ Province: _____ Zip: _____

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